

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **43955**

**FILED FEB 5 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **4541** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>WEBSTER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FORDLAND</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FORDLAND</b> <b>1120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>	b. (Middle) <b>EDWARD</b>	c. (Last) <b>HOLMAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11 27 50</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>4-14-1875</b>
9. AGE (In years last birthday) <b>75</b>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>REAL ESTATE AGENT</b>	11. BIRTHPLACE (State or foreign country) <b>EDINBURG, IND.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>E.P. CRITZER</b> ADDRESS <b>FORDLAND</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho-pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Myocardial Failure</b> DUE TO (c) <b>Chronic Myocarditis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>4222</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 10, 1944**, to **Nov 27, 1950**, that I last saw the deceased alive on **Nov 25, 1950**, and that death occurred at **6:45 PM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D.R. Schultz</b> (Degree or title)	23b. ADDRESS <b>Fordland, Mo.</b>	23c. DATE SIGNED <b>11/27/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11/30/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FORDLAND CEMETERY</b>
24d. LOCATION (City, town, or county) (State) <b>FORDLAND MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Felley &amp; Anne Bergman</b> ADDRESS <b>Fordland</b>	

DATE REC'D BY LOCAL REG. **1-25-51** REGISTRAR'S SIGNATURE **Robert L. Cook** (342)  
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 29 1951

Dist. File 157-229

Date Filed 1-29-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed J. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Forland me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.